

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER:  <b>03-07</b>	2. STATE  <b>NC</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>July 1, 2003</b>	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN      ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN      ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  <b>4.2 Hearings for Applicants and Recipients on page 33 of the State Medicaid Manual.</b>	7. FEDERAL BUDGET IMPACT:  <b>No federal budget impact</b>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>42 CFR 431, Subpart E and 42 USC 1396(v)</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>42 CFR 431, Subpart E and 42 USC 1396(v)</b>
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10. SUBJECT OF AMENDMENT:  
**This State Plan change simply clarifies and documents existing policy.**


11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT      ☒ OTHER, AS SPECIFIED: Not Required

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO:  Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, North Carolina 27699-2001
13. TYPED NAME: <b>Carmen Hooker Odom</b>	
14. TITLE: <b>Secretary</b>	
15. DATE SUBMITTED: <b>7/14/03</b>	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: <b>July 21, 2003</b>	18. DATE APPROVED: <b>September 10, 2003</b>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>July 1, 2003</b>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: <b>Rhonda E. Cottrell</b>	22. TITLE: <b>Associate Regional Administrator Division of Medicaid &amp; Children's Health</b>
23. REMARKS: <b>Approved with the following changes:</b> <b>Item 6: Changed from "4.2 Hearings for Applicants and Recipients on page 33 of the State Medicaid Manual" to "7.5 Disabilities on page 45 of the State Medicaid Manual"</b> <b>Item 8: Changed from "42 CFR 431, Subpart E and 42 USC 1396(v)" to "Page 15"</b> <b>Item 9: Changed from "42 CFR 431, Subpart E and 42 USC 1396(v)" to "same"</b>	

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No. 0938-

State: North Carolina

Citation

42 CFR  
435.121,  
435.540(b)  
435.541

2.5 Disability

All of the requirements of 42 CFR 435.540 and 435.541 are met. The State uses the same definition of disability used under the SSI program unless a more restrictive definition of disability is specified in Item A.13.b. of ATTACHMENT 2.2-A of this plan.

This includes the option set forth in 42 USC 1396(v) for making independent disability determinations subject to final administrative determinations on such applications by SSA by using the definition of disability in 20 CFR 416.901 et seq. of the Act as reflected in 42 CFR 435.541.

TN No. 03-07  
Supersedes  
TN No. 92-01

Approval Date 9/10/03

Effective Date 7/1/2003

HCFA ID: 7982E